

<h1 style="margin: 0;">TRANSMITTAL FORM</h1> <p style="margin: 5px 0 0 0;"><i>(to be used for all correspondence after initial filing)</i></p>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Application Number</td><td style="padding: 2px;">10/579,253</td></tr> <tr><td style="padding: 2px;">Filing Date</td><td style="padding: 2px;">October 28, 2004 Int'l</td></tr> <tr><td style="padding: 2px;">First Named Inventor</td><td style="padding: 2px;">Tobias WUNBERG</td></tr> <tr><td style="padding: 2px;">Art Unit</td><td style="padding: 2px;">1624</td></tr> <tr><td style="padding: 2px;">Examiner Name</td><td style="padding: 2px;">A. R. Pagano</td></tr> <tr><td style="padding: 2px;">Attorney Docket Number</td><td style="padding: 2px;">584212009400</td></tr> </table>	Application Number	10/579,253	Filing Date	October 28, 2004 Int'l	First Named Inventor	Tobias WUNBERG	Art Unit	1624	Examiner Name	A. R. Pagano	Attorney Docket Number	584212009400
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Total Number of Pages in This Submission	5													

ENCLOSURES <i>(Check all that apply)</i>		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement (3 pgs) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Remarks</div> <p style="margin-top: 5px;">Customer No. 25225</p>	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <p style="margin-top: 5px;">Alternative to PTO/SB/08/A/B (1 pg) References 1</p>

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP		
Signature	/ Katharine E. McElhone /		
Printed name	Katharine E. McElhone		
Date	January 3, 2012	Reg. No.	57462